

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

ADDRESS (number and street)

1601 N Tucson Blvd

Suite 9

☐ Check if different than previously reported. (ACC)

Tucson

AZ

85716

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00041590

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James F Coy

Signature of Treasurer

James F Coy

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 01 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		13933.39
(b) Cash on Hand at Beginning of Reporting Period.....	13933.39	
(c) Total Receipts (from Line 19)	19533.11	19533.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33466.50	33466.50
7. Total Disbursements (from Line 31)	11691.22	11691.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21775.28	21775.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10550.00

10550.00

(ii) Unitemized

8983.11

8983.11

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

19533.11

19533.11

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

19533.11

19533.11

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

19533.11

19533.11

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

19533.11

19533.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1691.22	1691.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1691.22	1691.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11691.22	11691.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11691.22	11691.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19533.11	19533.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19533.11	19533.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1691.22	1691.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1691.22	1691.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

<p>Full Name (Last, First, Middle Initial) A. Jesse Cole</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 18 / 2014 Transaction ID : SA11AI.5148</p>	
<p>Mailing Address 401 S Alabama St. Suite 6B</p>			
<p>City Butte</p>	<p>State MT</p>	<p>Zip Code 59707</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>Name of Employer self</p>	<p>Occupation physician</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 500.00</p>		
<p>Full Name (Last, First, Middle Initial) B. Lawrence M Danna</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 18 / 2014 Transaction ID : SA11AI.5177</p>	
<p>Mailing Address 108 Contempo Ave</p>			
<p>City West Monroe</p>	<p>State LA</p>	<p>Zip Code 71291</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer self employed</p>	<p>Occupation physician</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 250.00</p>		
<p>Full Name (Last, First, Middle Initial) C. Robert S Emmons</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 14 / 2014 Transaction ID : SA11AI.5180</p>	
<p>Mailing Address 92 Adams St</p>			
<p>City Burlington</p>	<p>State VT</p>	<p>Zip Code 05401</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>Name of Employer self employed</p>	<p>Occupation physician</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 250.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>1000.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Mitchell J Giangobbe

Mailing Address 13629 W Camino Del Sol
 #180

City State Zip Code
 Sun City West AZ 85375

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Grandview Surgical

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11AI.5178

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frank Grabarits

Mailing Address 4219 Georgia St
 #9

City State Zip Code
 San Diego CA 92103

FEC ID number of contributing
 federal political committee.

C

Name of Employer

retired

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11AI.5156

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Sutton Graham

Mailing Address 615 Halton Rd

City State Zip Code
 Greenville SC 29607

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Aesthetic Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.5165

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 18
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Alex Habibe

Mailing Address 2552 W Beechwood Ave

City State Zip Code
Fresno CA 93711

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.5173

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lawrence M Hurvitz

Mailing Address 3920 Bee Ridge Rd
Bldg F

City State Zip Code
Sarasota FL 34233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gulf Coast Glaucoma Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11AI.5147

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Caryl Hyland

Mailing Address 7304 Bridgewood Lane

City State Zip Code
Spanish Fort AL 36527

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

retired physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : SA11AI.5166

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. John Jabour

Mailing Address 10571 Greenbelt Dr.

City State Zip Code
 Clive IA 50325

FEC ID number of contributing federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.5171

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Henry S Jordan

Mailing Address 309 E Greenville St

City State Zip Code
 Anderson SC 29621

FEC ID number of contributing federal political committee.

C

Name of Employer

self employed

Occupation

surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.5182

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul Kammerlocher

Mailing Address 2907 NW 40th Pl

City State Zip Code
 Newcastle OK 73065

FEC ID number of contributing federal political committee.

C

Name of Employer

McBride Orthopedic Hospital

Occupation

orthopedic surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.5345

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Robert Katz

Mailing Address 1725 W Harrison St.
Suite 365

City State Zip Code
Chicago IL 60612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rheumatology Associates

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.5163

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jon Kintner

Mailing Address 94303 Sether Ln

City State Zip Code
North Bend OR 97459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Eye Clinic

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11AI.5188

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Katherine M Leisure

Mailing Address 16 Sanderson Dr

City State Zip Code
Plymouth MA 02632

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11AI.5139

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 18
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Phyllis T Marlar

Mailing Address 9728 E 375 S

City State Zip Code
 Zionsville IN 46077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Anesthesia Services

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 21 2014

Transaction ID : SA11AI.5152

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Matt McCord

Mailing Address 5400 Timber Bend Dr

City State Zip Code
 Brighton MI 48116

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 06 2014

Transaction ID : SA11AI.5184

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marelyn Medina

Mailing Address 412 E Dove Ave

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 25 2014

Transaction ID : SA11AI.5170

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Evangelos Megariotis

Mailing Address 21 Ravona St

City State Zip Code
Clifton NJ 07012

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

ortho surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 18 2014

Transaction ID : SA11AI.5150

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael M Miller

Mailing Address 1114 E Weisgarber Rd

City State Zip Code
Knoxville TN 37909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergy, Asthma & Immunology

Occupation

allergist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 06 2014

Transaction ID : SA11AI.5154

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Roy C Monsour

Mailing Address 119 Dakota Ln

City State Zip Code
Ligonier PA 15658

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 06 2014

Transaction ID : SA11AI.5186

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Michael O'Mara

Mailing Address 4928 S Ellis Ave

City

Chicago

State

IL

Zip Code

60615

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : SA11AI.5169

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Tom G Peponis

Mailing Address 126 Price Ave

City

Columbus

State

OH

Zip Code

43201

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11AI.5190

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter A Ramirez

Mailing Address 2301 Wedgewood Dr

City

Beavercreek

State

OH

Zip Code

45434

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.5175

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. John E. Ramsey

Mailing Address 301 Silver St

City

Kendallville

State

IN

Zip Code

46755

FEC ID number of contributing
federal political committee.

C

Name of Employer

We Care TLC LLC

Occupation

contracted physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.5143

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Roberto Rey

Mailing Address 640 S Expresswat 77
#2

City

Raymondville

State

TX

Zip Code

78580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Raymondville Pediatrics

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.5141

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Alfred N Rossi

Mailing Address PO Box 267

City

Hopedale

State

IN

Zip Code

61747

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.5145

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Jackie See

Mailing Address 541 Riviera Court

City State Zip Code
Fullerton CA 92835

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2014

Transaction ID : SA11AI.5167

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James A Totoro

Mailing Address 4205 McAuley Blvd
#305

City State Zip Code
Oklahoma City OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

general surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11AI.5158

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Henry Walther

Mailing Address 6845 Rancho Los Pavos Ln

City State Zip Code
Granite Bay CA 95746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Medical

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.5162

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Doug Williams

Mailing Address 3183 W State St
Ste 1201

City Bristol State TN Zip Code 37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.5160

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

10550.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. National Mailing Services

Mailing Address 1604 S 6th Ave

City	State	Zip Code
Tucson	AZ	85713

Purpose of Disbursement
Prepay Postage for Fundraising Mailing to Members

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2014

Transaction ID : SB21B.5126

Amount of Each Disbursement this Period

820.00

Full Name (Last, First, Middle Initial)

B. National Mailing Services

Mailing Address 1604 S 6th Ave

City	State	Zip Code
Tucson	AZ	85713

Purpose of Disbursement
mailing fees fundraising mailing to members

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

Transaction ID : SB21B.5130

Amount of Each Disbursement this Period

471.67

Full Name (Last, First, Middle Initial)

C. Skyline Printing

Mailing Address 1133 N Jones Blvd

City	State	Zip Code
Tucson	AZ	85716

Purpose of Disbursement
Printing for Fundraising Mailing to Members

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Transaction ID : SB21B.5128

Amount of Each Disbursement this Period

210.80

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1502.47

1502.47

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. DR. ALIETA ECK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Mailing Address 2062 AMWELL RD

City	State	Zip Code
SOMERSET	NJ	08873

Transaction ID : SB23.5123

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

ALIETA DR ECKCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 12

5000.00

Full Name (Last, First, Middle Initial)

B. DR. ALIETA ECK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2014

Mailing Address 2062 AMWELL RD

City	State	Zip Code
SOMERSET	NJ	08873

Transaction ID : SB23.5352

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

ALIETA DR ECKCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 12

5000.00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

10000.00